

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

64/668 266

FILING DATE

09-22-00

APPLICANT(S)

Robinson et Al.

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			5	5		
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20			1			
21						
22						
23			1			
24						
25						
26			1			
27						
28						
29			1			
30						
31						
32						
33						
34			1			
35						
36						
37						
38						
39						
40						
41			1			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			36			
TOTAL CLAIMS			42			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS